

CONDUCTING AN INDUSTRIAL WASTE SURVEY

1.0 GENERAL INSTRUCTIONS

The Industrial Waste Survey (IWS) is a required part of the pretreatment program. The IWS is conducted primarily to identify the nature and quantity of pollutants entering the Publicly Owned Treatment Works (POTW) system from industrial sources, and to identify the industries responsible for discharging the pollutants. This information is critical for pretreatment program administration since it provides a basis for many activities, such as determining sampling and monitoring needs (both at industries and in the POTW system), developing local limits for industrial users (IUs), estimating manpower and equipment needs, and identifying sources of known or potential POTW problems.

The four general activities the POTW must address in conducting an acceptable IWS are:

1. Compiling a comprehensive list of potential IUs located in the POTW service area
2. Surveying each of these IUs to collect necessary information
3. Conducting follow-up activities, where needed, to obtain the necessary information
4. Analyzing and presenting the data obtained in support of its pretreatment program.

Each of these general activities is discussed in detail in the following sections. Where appropriate, specific State requirements for conducting these activities will be noted. It is not necessary for municipalities that are currently covered by a pretreatment program exemption to perform the entire IWS if there have been no changes to the industrial facilities in the area, and if no new facilities have moved into the area. These POTWs may fill out and return the form in Appendix 3.

1.1 LIST OF INDUSTRIAL USERS

For the purposes of the IWS, an IU is any user that discharges or has a reasonable potential to discharge a non-domestic wastewater stream to the POTW. All IUs must be included in the survey. As explained later in these instructions, many IUs can be eliminated with minimal survey effort. Others may be eliminated for additional reasons, but the list must be comprehensive to start with. In order to compile a comprehensive list of IUs in the POTW service area, including neighboring jurisdictions if they discharge to the POTW, the POTW must consult one or more of the following:

- Water and/or sewer service billing records
- State Directory of Manufacturing Firms
- Municipal 201 Facilities Plan and/or 208 Area-Wide Planning Study
- Sewer connection permit files
- Sewer use permit files
- Yellow pages

- Property tax records
- Business license records
- Chamber of Commerce Industrial Roster.

The comprehensive list must include all IUs that are known to be or suspected of being in one or more of the 58 industrial categories listed in Section C.1 of the enclosed survey form (Appendix 1). These categories include firms involved in activities such as manufacturing, mechanical repair, painting, metal finishing, textiles, etc. There are many IUs that neither discharge toxic pollutants nor fall into the categories in Section C.1, but must still be listed. These include food processors, meat packing plants/slaughter houses, beverage bottlers, dairy products firms, and others that have discharges high in biological oxygen demand (BOD), total suspended solids (TSS), ammonia, oil and grease, abnormal pH, or other conventional pollutants. IUs that are not discharging excessive amounts of pollutants to the sewers because they have installed pretreatment systems must still be on the list. If there is no information available concerning the nature of a business or its discharge, the firm must be on the list. A mailing address and the name of a company representative must be obtained for every IU on the list. As a guide in identifying significant industries, Priority Pollutants commonly found in the discharges of 55 Categorical Industries are listed in Appendix 2. This Appendix, however, must not be used as a substitute for a thorough survey response.

Once the comprehensive IU list has been compiled, certain IUs may be eliminated from further survey efforts if the POTW has reliable, verifiable information to show that the IU in question discharges only domestic waste-water or has no discharge to the POTW. This would include offices, theaters, beauty shops, barbershops, and most retail sales establishments. Hotels, motels, restaurants, and gas stations may also be removed from the list if their discharges do not exceed 25,000 gpd and if they are not contributing to a problem in the collection system or the treatment plant involving oil and grease or other harmful discharges.

1.2 SURVEY OF EACH IU

The POTW must gather detailed information that completely characterizes each IU that has not been eliminated from the IWS. The "Wastewater Survey for Nonresidential Establishments" form found in Appendix 1 is designed to obtain all the information necessary to determine if an IU should be included in the pretreatment program. POTWs are encouraged by the State to use this survey form by requiring each IU that has not already been eliminated to complete the form. This survey form can also serve as an IU permit application. Note that there is a "relief clause" at the bottom of page 2 of the form, which eliminates the burden of completing this entire form for those IUs that discharge only domestic or non-process wastewater.

If the POTW has already collected all or part of the information requested in the survey form and the information is up to date, the POTW may use this information. In order to eliminate unnecessary effort, the POTW may modify the survey form so that the IU only needs to supply the outstanding information. Regardless of the method used to gather the information, the IWS submission to the State must address all the information contained in the form in Appendix 1. If different techniques are used, a brief explanation should be provided in the IWS report that indicates the source and timeliness of the information.

The survey form must be accompanied by a cover letter, which states that the IU must complete the questionnaire and return it to the POTW. Approximately three to four weeks should be a sufficient length of time to allow firms to complete and return the form. The return address for the POTW should be included in the cover letter, as well as the name and phone number of someone at the POTW that may be contacted if there are questions. The letter should stress thoroughness and accuracy and should describe how the information obtained from the survey will be used and the purpose of a local pretreatment program in general.

The IWS must be updated periodically in order to account for potential changes in the industrial discharges to the sewer system. In general, Tennessee recommends that each POTW update its IWS at least every five years. Some POTWs conduct an IWS more frequently. Consult the POTW's approved pretreatment program documentation to determine the frequency of conducting an IWS.

However, periodically conducting an IWS is not an effective procedure for identifying new significant IUs. The POTW should have procedures to identify and gather information on new industries moving into the POTW service area. This information can be obtained through on-going POTW inspection and monitoring procedures, coupled with a local requirement, that new, non-domestic users supply the information to the POTW before connecting to the sewer lines or commencing their discharge. Such information should include SIC or NAICS codes, a description of products and processes, and a description of the characteristics and quantities of pollutants discharged to the POTW.

The completed survey forms from each IU and/or any other information related to the IWS must be available to the State upon request. Files containing this information must be maintained by the POTW.

1.3 CONDUCT FOLLOW-UP

As the IU survey forms are returned, they must be reviewed for completeness. The POTW should institute some method of tracking the name of every firm that returns a properly completed questionnaire. This will help the POTW determine which firms have not responded to the survey. For firms that do not respond in the required time period or that return inadequately completed forms, a series of follow-up measures must be initiated to obtain a completed response. Such measures should include one or more of the following:

- A letter of reminder
- A telephone call
- A site visit

Approximately six to eight weeks should be sufficient time to conduct follow-up activities. The IWS report must describe the types of follow-up measures used by the POTW and must list any IUs that ultimately did not respond with a completed survey form.

1.4 PREPARE SURVEY RESULTS

Specifically, the IWS report must, at a minimum, provide the following information:

- Sources used to compile the comprehensive list of IUs
- List of IUs eliminated from survey and reason for elimination
- An example copy of the cover letter sent to IUs with the survey form, including dates forms were sent
- Description of follow-up actions taken by the POTW to obtain properly completed survey forms from IUs
- Analysis and presentation of the IWS results to show a summary of the information obtained from the IUs and/or POTW files
- A list of all IUs that did not return a completed survey form
- Other information as necessary to accurately summarize or clarify the IWS
- One example copy of the cover letter and of each type of questionnaire completed by IUs
- Map of sewer system for IUs identified as significant, if possible

Tables 1, 2 and 3 present a recommended format for summarizing the data obtained from the IWS. A brief narrative should be included when necessary for further clarification. Table 1 provides a list of those IUs that have been eliminated from further survey effort without filling out any type of survey form. The reason for their elimination must be stated.

Table 2 summarizes those IUs that received a survey form from the POTW. Check marks can be used to complete the form where appropriate. Where further explanation of information on the form is necessary, attach the information and make a note on Table 2 that additional information is provided. The IUs listed on Tables 1 and 2 should represent the comprehensive list of IUs; therefore, a separate comprehensive list is not required.

Table 3 summarizes information from the significant industrial users who are to be included in the pretreatment program and permitted. This list should include only those firms from Table 2 that discharge a contaminated industrial wastewater stream to the POTW or may in some way harm the POTW and/or the environment.

For those POTWs that operate more than one treatment plant, an indication of which treatment plant receives the discharge from each IU must be provided. Where the POTW services IUs in other jurisdictions, the jurisdiction in which each IU is located must also be listed.

Special problems or considerations not clearly addressed by this document should be discussed with Tennessee Division of Water Pollution Control personnel before proceeding with the IWS.

APPENDIX 1

WASTEWATER SURVEY FOR NON-RESIDENTIAL ESTABLISHMENTS

Section A General Information

A.1 Company name, mailing address and telephone number:

Zip: _____ Telephone () _____

A.2 Address of production or manufacturing facility.

Zip: _____ Telephone () _____

A.3 Name, title and telephone number of person authorized to represent this firm in official dealing with Sewer Authority and/or City:

A.4 Alternate person to contact concerning information provided herein:

Name _____ Title _____ Telephone () _____

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, food processing, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provide in this questionnaire which identifies the nature and frequency of discharging shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachment. Base upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date _____	Signature of Official (Seal is applicable)
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A.6 Provide a brief narrative description of the manufacturing, production or service activities your firm conducts.

A.7 Standard Industrial Classification Number(S) (SIC CODE) for your industry:

A.8 This facility generates the following types of wastes. Please provide gallons per day for all that apply.

		Average gallons per day		
a.	<input type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	_____	estimated	measured
b.	<input type="checkbox"/> Cooling water, non contact	_____	estimated	measured
c.	<input type="checkbox"/> Boiler/tower blowdown	_____	estimated	measured
d.	<input type="checkbox"/> Cooling water, contact	_____	estimated	measured
e.	<input type="checkbox"/> Process	_____	estimated	measured
f.	<input type="checkbox"/> Equipment/Facility washdown	_____	estimated	measured
g.	<input type="checkbox"/> Air pollution control unit	_____	estimated	measured
h.	<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	estimated	measured
i.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.8.a - A.8.i

A.9 Wastes are discharged to: (Check all that apply and indicate number of gallons per day)

		Average gallons per day		
a.	<input type="checkbox"/> Sanitary	_____	estimated	measured
b.	<input type="checkbox"/> Storm Sewer	_____	estimated	measured
c.	<input type="checkbox"/> Surface	_____	estimated	measured
d.	<input type="checkbox"/> Ground water	_____	estimated	measured
e.	<input type="checkbox"/> Waste haulers	_____	estimated	measured
f.	<input type="checkbox"/> Evaporation	_____	estimated	measured
g.	<input type="checkbox"/> Other, describe	_____	estimated	measured

Total A.9.a - A.9.g

Provide name and address of waste hauler(s), if used,

A.10 Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no

Note: If you did not check one or more of Lines d, e, f, g, h, or i in Section A.8 above, you are not required to complete this Form. Sign and date the Form and return it to the POTW.

Section B Facility operation characteristics

- B.1** Number of employee shifts worked per 24-hour day: _____
Average number of employees per shift: _____
- B.2** Starting times of each shift: 1st _____ am 2nd _____ am 3rd _____ am
pm pm pm

Note: The following information in this section must be completed for each product line.

B.3 Principal product produced: _____

B.4 Raw materials and process additives used:

B.5 Production is:
 Batch Continuous Both _____ % Batch _____ % Continuous
Average Number of batches per 24-hour day _____

B.6 Hours of operation: _____ a.m. to _____ p.m. Continuous

B.7 Is production subject to seasonal variation? yes no
If yes, briefly describe seasonal production cycle:

B.8 Are any process changes or expansions planned during the next five yes no
years?
If yes, attach a separate sheet to this form describing the nature of planned changes or
expansions.

Section C Wastewater Information

C.1 If your facility performs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity. Check all that apply:

- | | |
|--|---|
| 1. [] Adhesives | 31. [] Metal finishing |
| 2. [] Aluminum Forming | 32. [] Mineral Mining and Processing |
| 3. [] Asbestos Manufacturing | 33. [] Nonferrous Metals Manufacture |
| 4. [] Auto & other Laundries | 34. [] Nonferrous Metals, Forming |
| 5. [] Battery Manufacturing | 35. [] Ore Mining and Dressing |
| 6. [] Builder's Paper and Board Mills | 36. [] Organic Chemical, Plastic & Synthetic Fibers |
| 7. [] Can Making | 37. [] Organic Chemical |
| 8. [] Carbon Black Manufacturing | 38. [] Paint & ink |
| 9. [] Cement Manufacturing | 39. [] Paving and Roofing Materials |
| 10. [] Coal Mining | 40. [] Pesticides, Formulating, Packaging, Repackaging |
| 11. [] Coil Coating | 41. [] Pesticides, Manufacturing |
| 12. [] Copper Forming | 42. [] Petroleum Refining |
| 13. [] Dairy Products | 43. [] Pharmaceuticals |
| 14. [] Electric & Electronic Components | 44. [] Phosphate Manufacturing |
| 15. [] Electroplating | 45. [] Photographic Supplies |
| 16. [] Explosives Manufacturing | 46. [] Plastic Molding and Forming |
| 17. [] Feedlots | 47. [] Plastics Processing |
| 18. [] Ferroalloy Manufacturing | 48. [] Porcelain Enameling |
| 19. [] Fertilizer Manufacturing | 49. [] Printing & Publishing |
| 20. [] Foundries, (metal molding & casting) | 50. [] Pulp, Paper and Paperboard |
| 21. [] Fruits and Vegetables Processing | 51. [] Rubber Manufacturing |
| 22. [] Glass Manufacturing | 52. [] Seafood Processing |
| 23. [] Grain Mills | 53. [] Soaps & Detergents |
| 24. [] Gum & Wood Chemical | 54. [] Steam Electric Power Generating |
| 25. [] Hospitals | 55. [] Sugar Processing |
| 26. [] Inorganic Chemical | 56. [] Textiles Mills |
| 27. [] Iron & Steel | 57. [] Timber |
| 28. [] Leather Tanning & Finishing | 58. [] Waste Disposal, Treating, and/or Incinerating |
| 29. [] Meat Products | |
| 30. [] Mechanical Products | |

C.2 Pretreatment devices or process used for treating wastewater or sludge. Check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Chlorination | <input type="checkbox"/> Flow Equalization |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Cyclone | <input type="checkbox"/> Grease or Oil Separation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Filtration | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Sump | <input type="checkbox"/> Screen | <input type="checkbox"/> Solvent |
| <input type="checkbox"/> Neutralization, pH Correction | | |
| <input type="checkbox"/> Biological Treatment, Type | _____ | |
| <input type="checkbox"/> Rainwater Diversion or Storage | _____ | |
| <input type="checkbox"/> Other Chemical Treatment, | _____ | |
| <input type="checkbox"/> Other physical Treatment, | _____ | |
| <input type="checkbox"/> Other, | _____ | |
| <input type="checkbox"/> No Pretreatment Provided | _____ | |

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this form. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken.

C.4 Priority Pollutant Information.

Please indicate by checking the appropriate box. Indicate the concentration of the compound present in the wastestream, if known.

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
1.	Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Phenol (n)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Phenol 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18.	Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19.	Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20.	Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21.	Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22.	Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Chemical compound	Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
23.	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24.	Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25.	Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26.	Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27.	Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28.	Benzene, 1,2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29.	Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30.	Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31.	Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32.	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33.	Toluene, 2,4 dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34.	Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35.	PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36.	PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37.	PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38.	PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39.	PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40.	PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41.	PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
42.	2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43.	Ether, bis(chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical compound		Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
44.	Phenol, 2, 4-dimethyl	[]	[]	[]	[]	
45.	Phenol, 2,4-dimethyl	[]	[]	[]	[]	
46.	m-cresol, p-chloro	[]	[]	[]	[]	
47.	o-cresol, 4,6-dinitro	[]	[]	[]	[]	
48.	Nitrosamine, dimethyl	[]	[]	[]	[]	
49.	Nitrosamine, diphenyl	[]	[]	[]	[]	
50.	Nitrosamine, di-n-propyl	[]	[]	[]	[]	
51.	Benzidine	[]	[]	[]	[]	
52.	Benzidine, 3,3'-dichloro	[]	[]	[]	[]	
53.	Hydrazine, 1,2-diphenyl	[]	[]	[]	[]	
54.	Acrlonitrile	[]	[]	[]	[]	
55.	Methane, bromo	[]	[]	[]	[]	
56.	Methane, chloro	[]	[]	[]	[]	
57.	Methane, dichloro	[]	[]	[]	[]	
58.	Methane, chlorodibromo	[]	[]	[]	[]	
59.	Methane, dichlorobromo	[]	[]	[]	[]	
60.	Methane, tribromo	[]	[]	[]	[]	
61.	Methane, trichloro	[]	[]	[]	[]	
62.	Methane, tetrachloro	[]	[]	[]	[]	
63.	Ethane, 1,1-dichloro	[]	[]	[]	[]	
64.	Ethane, 1,2-dichloro	[]	[]	[]	[]	
65.	Ether, bis (2-chloroethyl)	[]	[]	[]	[]	
66.	Ether, bis (2-chlorosopropyl)	[]	[]	[]	[]	

Chemical compound		Known Present	Suspected Present	Known Absent	Known Absent	Concentration If Known
67.	Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	
68.	Ether, 4- bromophenyl phenyl	[]	[]	[]	[]	
69.	Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]	
70.	Bis (2-chloroethoxy) methane	[]	[]	[]	[]	
71.	Phthalate, di-o-methyl	[]	[]	[]	[]	
72.	Phthalate, di-n-ethyl	[]	[]	[]	[]	
73.	Phthalate, di-n-butyl	[]	[]	[]	[]	
74.	Phthalate, di-n-octyl	[]	[]	[]	[]	
75.	Phthalate, bis(2-ethylhexyl)	[]	[]	[]	[]	
76.	Phthalate, butyl hexyl	[]	[]	[]	[]	
77.						
78.	Acenaphthene	[]	[]	[]	[]	
	Acenaphthylene	[]	[]	[]	[]	
79.	Anthracene	[]	[]	[]	[]	
80.	Benzo (a) anthracene	[]	[]	[]	[]	
81.	Benzo (b) fluoranthene	[]	[]	[]	[]	
82.	Benzo (k) fluorathlene	[]	[]	[]	[]	
83.	Benzo (ghi) perylene	[]	[]	[]	[]	
84.	Benzo (a) pyrene	[]	[]	[]	[]	
85.	Chrysene	[]	[]	[]	[]	
86.	Dibenzo (a,n) anthrance	[]	[]	[]	[]	
87.	Fluorathene	[]	[]	[]	[]	
88.	Fluorene	[]	[]	[]	[]	
89.	Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]	
90.	Ethane, 1,1,1-trichloro	[]	[]	[]	[]	
91.	Ethane, 1,1,2-trichloro	[]	[]	[]	[]	

Section D Other Wastes

D.1 Are any liquid waste or sludges from this firm disposed of by means other than discharge to the sewer system?

yes no

If “no”, skip remainder of Section D.

If “yes”, complete remaining items.

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalines	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes, describe:	_____

<input type="checkbox"/> Other Wastes, (describe),	_____

D.3 For the above checked wastes, does your company practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

Table 1

Municipality: _____ POTW Name: _____

IUs Eliminated From Further Survey Efforts

	<u>Company Name</u>	<u>Company Address</u>	<u>Company Contact</u>
1.			
	Reason Eliminated:		
2.			
	Reason Eliminated:		
3.			
	Reason Eliminated:		

Note: The reason for eliminating each of these IUs from further survey efforts must be shown. If groups of IUs were all eliminated for the same or similar reasons, they may be listed together with single explanation.

TABLE 3

Municipality: _____ POTW Name: _____

IUs Discharging Nondomestic Wastewater

Company Name	SIC Code	Average Flow (gpd)	Pollutants Know or Suspected Present in Nondomestic Wastestream	Average Pollutant Concentration, If Known	Is Pretreatment of Nondomestic Wastestream Provided	Treatment Plant (if more than one in POTW system)	Jurisdiction (If POTW service area serves IUs in other Jurisdictions.
					[] [] []		
					[] [] []		
					[] [] []		
					[] [] []		
					[] [] []		
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